

Vonda M. Wallace  
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <b>09/830876</b>	FILING DATE
						APPLICANT(S)	
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							
2							
3							
4							
5							
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15							
16							
17							
18							
19							
20							
TAL D.	5						
TAL P.	17						
TAL AIMS	22						
						TOTAL IND.	
						T TAL DEP.	
						TOTAL	